## BEHAVIORAL QUESTIONNAIRE

Please review this entire questionnaire first, then go back and answer the questions as thoroughly as possible. If there was an incident (such as a bite), if possible, please ask those who were present for input as well.

Owner's Name			Dog's Name
What is the main issue you a	re concerned a	about? (Check all that a	apply.)
O Aggression toward unfamiliar dogs		O Aggression towar	rd another dog or pet in the home
O Aggression toward family member(s)		O Guarding food/toys/possessions/other	
O Aggression toward visitors		O Aggression toward unfamiliar people in public	
O Aggression when handled/picked up		O Aggression towar	rd vet/groomer/petsitter/dogwalker
O Other:			
en did this behavior start? (approx	ximate date or	how long ago)	
en did this behavior start? (approximate)  Please check off any of the follo			
Please check off any of the follo	owing that coin		
Please check off any of the followard Person moving out of home	owing that coin  O New person	ncided with the change	in your dog's behavior:
	O New person	ncided with the change on/baby in home	in your dog's behavior:  O New pet in home
Please check off any of the followard Person moving out of home  Pet in home dying/lost/rehomed	O New person O Change in O Put on new	ncided with the change on/baby in home n owner's work hours	in your dog's behavior:  O New pet in home O Change in amount of exercise
Please check off any of the followard Person moving out of home  Pet in home dying/lost/rehomed  Recent vaccination  Environmental change	O New person O Change in O Put on new O Moved to	ncided with the change on/baby in home n owner's work hours w medication	in your dog's behavior:  O New pet in home O Change in amount of exercise O Medical treatment/surgery

if anything, has been done to address	the issue so far?
if anything, has been done to address	the issue so far?
, if anything, has been done to address	the issue so far?
if anything, has been done to address	the issue so far?
if anything, has been done to address	the issue so far?
if anything, has been done to address	the issue so far?
if anything, has been done to address	the issue so far?
if anything, has been done to address	the issue so far?
if anything, has been done to address	the issue so far?
if anything, has been done to address	the issue so far?
if anything, has been done to address	the issue so far?
	the issue so far?  ue, did your dog's behavior improve, worsen, or stay the same?
eps have been taken to address the issu	ue, did your dog's behavior improve, worsen, or stay the same?

If your dog has threatened or bitten another dog, please check all that apply.				
O Growls, lunges, and/or barks at other dogs on walks	O Has air-snapped at another dog (no contact)			
O Growls, lunges, and/or barks at another dog in home	O Bit another dog while your dog was on leash			
O Bit another dog while your dog was off leash	O Play between dogs at home escalates into fights			
O Bit another dog, drew blood (for example, torn ear)	O Bit another dog, inflicted puncture wound			
O Bit another dog, inflicted multiple puncture wounds	O Tried to kill other dog (e.g., "grab and shake")			
O Other:				

your dog has threatened or bitten a person, please	e check all that apply.		
Threatened (for example, growled, barked, air-snapped, lunged at) family member, but no bite			
Threatened (for example, growled, barked, air-snapped, lunged at) stranger in public, but no bite			
Threatened (for example, growled, barked, air-snapped, lunged at) visitor to home, but no bite			
O Bit family member, no broken skin	O Bit family member, broke skin (tear)		
O Bit family member, single puncture wound	O Bit family member, multiple puncture wounds		
O Bit stranger in public, no broken skin	O Bit stranger in public, broke skin (tear)		
O Bit stranger in public, single puncture	O Bit stranger in public, multiple puncture wounds		
O Bit visitor, no broken skin	O Bit visitor, broke skin (tear)		
O Bit visitor, single puncture	O Bit visitor, multiple puncture wounds		
O Bit vet or vet tech O Bit gr	roomer O Bit dogwalker/petsitter		
O Other/Further Description:			

For each specific incident, please provide you need to provide information about m		(Copy this section on to another page if
Date of incident	Location of inci	dent
Who was present?		
What other dogs/animals were present? _		
Was your dog on leash? O Yes O No	If so, who was holding the	e leash?
What preceded the incident?		
Had your dog been feeling well prior to t	he incident?	
Did your dog give any warning signals?	If so, what were they?	
If there was a bite:		
What was the location on the body?		
Did it cause bruising? O Yes O No	Was there blee	eding (torn skin)? O Yes O No
Was there a puncture wound? O Yes O	O No Were there mu	ultiple puncture wounds? O Yes O No
Did the dog bite, latch on and shake his	s head from side to side, not	letting go? O Yes O No
How did the incident end (for example, p	oulled dogs apart, one dog w	valked away, person ran away)?
What happened right after the incident (f	or example, put dog in yard	, hit dog, dog lay down, dog looked "guilty")?
If there was a bite, was	s medical help sought?	O Yes O No
If there was a bite, was	s it reported?	O Yes O No
If there was a bite, was	s legal action taken?	O Yes O No

Wh	ich of the following best describes your feelings about your dog's behavior issue?
O	The problem is not serious, but I am curious about what you would suggest.
О	I would like to change the problem, but it is not that serious.
O	The problem is somewhat serious. I would like to change it, but if it remains unchanged we will live with it.
О	The problem is very serious. I would like to change it, but if it remains unchanged I will keep my dog.
O	The problem is extremely serious. I would like to change it; if it remains unchanged I will give my dog up or have him/her euthanized.
O	Other:
	nere anything else you feel we should know?

Thank you for taking the time to complete this questionnaire. Cheryl Flemming For The Love of Dogs Training LLC Please return it with the Client Information Form. 503-318-8548